Data on an innovative chaplaincy service shows many patients are being given spiritual support at the end of life and are choosing their place of care.

**Spiritual support using a chaplaincy service: update**

In this article...
- How the chaplaincy service works
- Data on outcomes since the service started
- Key results and what they mean for end-of-life care

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In 2010, an article was published by *Nursing Times* that described the first six months of an innovative service at University Hospital of Hartlepool and the University Hospital of North Tees (part of North Tees and Hartlepool Foundation Trust), in which nurses notify hospital chaplains of all patients placed on the Liverpool Care Pathway (LCP) (Pugh et al, 2010).

In summary, clinical staff notify the chaplaincy team using a dedicated telephone number with voicemail whenever a patient is placed on the LCP. A chaplain then visits to offer spiritual support to both patients and their families. Nurses reported that the service was valuable, not only for patients and their families but also for themselves and the clinical team.

This short report presents quantitative data on the service from its inception in July 2009 until February 2012 inclusive. It offers an insight into the chaplaincy workload and other aspects of LCP outcomes. The chaplains collect data on their activity and response, which has evolved to include the number of:
- Referrals;
- Referrals resulting in more than one visit;
- Patients and families who decline support;
- Patients who are taken off the LCP (data collection was started in May 2011);
- Patients on the LCP who are transferred to the community (data collection was started in May 2011).

**Key outcomes**
In the hospitals being studied, there were 3,600 deaths in the study period; in the same period, the chaplains received 1,514 referrals for patients on the LCP.

Table 1 shows that the proportion of referrals of patients on the LCP as a percentage of total deaths increased from 36% to 49%. During the third year of the service 97% of families accepted chaplaincy support with almost 60% of requests resulting in more than one visit.

In May 2011 two new data-collection fields were added. The first records how many patients are transferred out of hospital while being managed on the LCP. The second records the number of patients taken off the LCP as their clinical condition improves, meaning they no longer fulfil LCP criteria.

For the time period May 2011–February 2012 inclusive there were 1,068 deaths in the hospitals. The chaplains received 529 referrals representing 50% of all deaths. Of those referred and visited, 30 (6%) patients on the LCP were transferred to the community. In addition, 28 (5%) came off the LCP.

**Conclusion**
The unique chaplaincy service in the study hospitals has provided quantitative data that offers a valuable insight into patients’ and families’ response to being offered spiritual support from the chaplains at this sensitive and emotional time. Most accept support, with around 60% being visited multiple times.

One limitation, however, is that, as clinicians may forget to refer some people to the service, the number of people who do use it may not be an accurate reflection of those eligible to do so.

The data shows that around half of all deaths are managed on the LCP. In addition, the hospital’s work to respect patient choice over place of death resulted in 6% of patients on the LCP being transferred out of hospital; a further 5% were removed from the LCP as their condition improved.

To our knowledge, these two findings have not been reported previously; they show the LCP does not inevitably lead to death and that patients can manage to have their preferred place of care even at the very end of life. NT

**Reference**

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* in hospital trust for study period July 2009–February 2012 inclusive